



Incident Report

Print Date/Time: 10/04/2016 14:22

Login ID: ss0100

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00019102

Incident Date/Time: 9/25/2016 5:12:00 PM
Location: SOPER HILL RD / SR 9 NE
LAKE STEVENS WA 98258
Phone Number: (425) 231-5523
Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 2
Status: 2
Nature of Call:

Unit/Personnel

Unit	Personnel
19D2	SS0112-Warbis
19D3	SS0135-Parnell
19D4	SS0142-Bassett
19S15	SS0075-Christensen

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	DARLING, CHERYL JEAN	19811 WHITEHORSE PL Granite Falls WA 982529165			Female	09/20/1964
1	Driver	BENDORF, JAMES EDWARD	6702 139TH AVE SE Redmond WA 980520000	(425) 260-2703	White	Male	08/07/1961
2	Driver	PETERS, JOE EDWARD	2514 117TH AVE NE Lake Stevens WA 982589117	(425) 387-7900		Male	11/01/1963
2	Passenger	FISH, KELLY L	2122 MCDOUGALL AVE EVERETT WA 98201	(206) 898-7860		Male	01/14/1958
1	Witness	JOHNSON, ERIK W	3720 YORK STREET BELLINGHAM WA 98229	(360) 223-3097		Male	06/14/1983
3	Driver	BELL, MICHAEL RAHE	19811 WHITEHORSE PL Granite Falls WA 982529165	(425) 231-5523		Male	09/18/1967

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						500XWN	
Involved Vehicle						ADB4929	
Involved Vehicle	Passenger Car	2007	Chrysler	SEB4D		500XWN	WA
Involved Vehicle	Passenger Car	2004		VS11		1B4860	WA

Disposition(s)

Disposition	Count
S	1
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

09/25/2016 : 17:34:51 SP0333 Narrative: OWNER REQ FOR RESCUE TOWING, 4DR PC, BENT WHEEL

09/25/2016 : 17:28:35 SP0333 Narrative: MACKS TOW ENRT

09/25/2016 : 17:18:23 SP0226 Narrative: 2 VEHS 1 YELLOW 3 GRN

09/25/2016 : 17:17:30 SP0226 Narrative: 3 BIKES ONE DOWN INV

09/25/2016 : 17:15:37 SP0403 Narrative: SUP GVN

09/25/2016 : 17:14:56 SP0226 Narrative: LR/226

09/25/2016 : 17:14:50 SP0420 Narrative: WSP ADV THEY ARE OS, WAITING FOR LKS PD

09/25/2016 : 17:14:22 SP0403 Narrative: AA

09/25/2016 : 17:14:17 SP0226 Narrative: BLKING INTERSECTION

09/25/2016 : 17:13:56 SP0226 Narrative: 2 VEH T-BONE,. MOTORCYCLE RIDER THROWN

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E590620**CASE # **2016-00019102**LOCAL AGENCY
CODINGTOTAL # OF
UNITSOBJECT
STRUCKTRIBAL
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **09** - **25** - **2016** **1714** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

SR 9 NE

BLOCK NO. ☒
MILE POST

2600

DISTANCE

OF (REFERENCE OR CROSS STREET)

MILES ☐ N ☐ E ☐ S ☐ W **SOPER HILL RD**

UNIT 01

MOTOR
VEHICLE☒PEDAL-
CYCLE☐

DAMAGE THRESHOLD MET

YES ☒ NO ☐

PHONE

D: 4252602703

LAST NAME

BENDORF

FIRST NAME

JAMES

MIDDLE
INITIAL

E

STREET
NEW ADDRESS

6702 139TH AVE NE #753

CITY

REDMOND

ST

WA

ZIP

980520000

CDL

RESTRICTIONS

ENDORSEMENTS

L

DRIVER'S
LICENSE #

BENDOJE396NG

STATE

WA

SEX

M

D.O.B.
MMDDYYYY

08

07

1961

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

9

EJECT

9

HELMET
USE

1

INJURY
CLASS

6

NATURE OF INJURIES

KNEE PAIN

LICENSE
PLATE #

1B4860

STATE

WA

VIN#

JYAVP11E94A050599

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2004

MAKE

YAMC

MODEL

VS11

STYLE

MT

VEHICLE TOWED
YES ☒ NO ☐

TOWED BY

MACK'S

GOVT. VEHICLE
YES ☐ NO ☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE
IN EFFECT☒INSURANCE CO
& POLICY #

STATE FARM 128 9373-D13-47C

VEHICLE
LEGALLY
STANDINGYES ☐ NO ☐

CITATION #

CHARGE

UNIT 02

MOTOR
VEHICLE☒PEDAL-
CYCLE☐

PEDESTRIAN

☐PROPERTY
OWNER☐

DAMAGE THRESHOLD MET

YES ☒ NO ☐

PHONE

D: 4253877900

LAST NAME

PETERS

FIRST NAME

JOE

MIDDLE
INITIAL

E

STREET
NEW ADDRESS

2514 117TH AVE NE

CITY

LAKE STEVENS

ST

WA

ZIP

982589117

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

PETERJE370QA

STATE

WA

SEX

M

D.O.B.
MMDDYYYY

11

01

1963

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

9

EJECT

1

HELMET
USE

2

INJURY
CLASS

1

NATURE OF INJURIES

LICENSE
PLATE #

500XWN

STATE

WA

VIN#

1C3LC66M17N569748

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2007

MAKE

CHRY

MODEL

SEB4D

STYLE

4D

VEHICLE TOWED
YES ☒ NO ☐

TOWED BY

RESCUE

GOVT. VEHICLE
YES ☐ NO ☒

REGISTERED OWNER INFO. JOE PETERS 2514 117TH AVE NE LAKE STEVENS WA 98258

LIABILITY INSURANCE
IN EFFECT☒INSURANCE CO
& POLICY #

PEMCO CA 1113199

VEHICLE
LEGALLY
STANDINGYES ☒ NO ☐

CITATION #

CHARGE

OFFICER'S NAME (PRINT)

K. PARNELL

BADGE OR ID #

0135

AGENCY

WA0311900

VEHICLE NO. 1

SHADE IN DAMAGED AREA



VEHICLE NO. 2

SHADE IN DAMAGED AREA




**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E590620**CASE # **2016-00019102**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		DARLING CHERYL J																
ADDRESS & PHONE # 19811 WHITEHORSE PL GRANITE FALLS WA 982529165										SEX F	D.O.B. MMDDYYYY 09	-	20	-	1964			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	3	SEAT POS.	3	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		FISH KELLY L																
ADDRESS & PHONE # 2122 MCDUGALL AVE EVERETT WA 98201 2068987860										SEX M	D.O.B. MMDDYYYY 01	-	14	-	1958			
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		JOHNSON ERIK W																
ADDRESS & PHONE # 3720 YORK STREET BELLINGHAM WA 98229 3602233097										SEX M	D.O.B. MMDDYYYY 06	-	14	-	1983			
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Veh. 2 was braking for yellow light in left SB lane of SR 9 NE. Veh. 3 was stopped for red light in EB left turn lane on SR 9 NE. Veh. 1 was traveling SB on SR 9 NE directly behind veh. 2. Veh. 1 impacted the rear left side of veh. 2, then impacted the right side of veh. 3. Veh. 1 and veh. 2 were towed. Driver of veh. 1 was transported by aid to hospital for knee pain.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

K. PARNELL		10-01-16 07:22 AM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY C. CHRISTENSEN 0075		DATE 10/1/2016 5:55:45 PM	
BADGE OR ID # 0135	ORI # WA0311900	TIME POLICE DISPATCHED 5:14 PM	TIME POLICE ARRIVED 5:17 PM

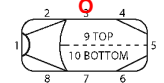

**SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT**


013197

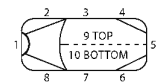
REPORT NO. E590620
CASE # 2016-00019102
COMMERCIAL MOTOR CARRIER

 INTERSTATE ☐ INTRASTATE ☐
UNIT # ☐ **USDOT** ☐ **IOC #** ☐ **VEHICLE TYPE** ☐ **CARGO BODY TYPE** ☐
CARRIER NAME ☐
CARRIER ADDRESS ☐
CITY ☐ **ST** ☐ **ZIP** ☐
NAME SOURCE ☐ **# AXLES** ☐ **GVWR** ☐ **PLACARD** ☐ **+** ☐ **NAME IF NO NUMBER** ☐
ADDITIONAL UNITS
UNIT # **3** **MOTOR VEHICLE** ☒ **PEDAL-CYCLE** ☐ **PEDESTRIAN** ☐ **PROPERTY OWNER** ☐ **DAMAGE THRESHOLD MET** **YES** ☒ **NO** ☐ **PHONE** **D: 4252315523**
LAST NAME **BELL** **FIRST NAME** **MICHAEL** **MIDDLE INITIAL** **R**
STREET NEW ADDRESS **19811 WHITEHORSE PL**
CITY **GRANITE FALLS** **ST** **WA** **ZIP** **982529165**
CDL ☐ **RESTRICTIONS** ☐ **ENDORSEMENTS** ☐
DRIVER'S LICENSE # **BELL *MR3380Q** **STATE** **WA** **SEX** **M** **D.O.B.** **MMDDYYYY** **09** - **18** - **1967**
ON DUTY ☐ **STATUS** ☐ **AIRBAG** **2** **RESTR.** **9** **EJECT** **1** **HELMET USE** **2** **INJURY CLASS** **1** **NATURE OF INJURIES** ☐
LICENSE PLATE # **ADB4929** **STATE** **WA** **VIN#** **3FADP0L35BR222187**
TRAILER PLATE # ☐ **STATE** ☐ **TRAILER PLATE #** ☐ **STATE** ☐
VEH. YEAR **2011** **MAKE** **FORD** **MODEL** **FUSION** **STYLE** **4D** **VEHICLE TOWED** **YES** ☐ **NO** ☒ **TOWED BY** ☐ **GOVT. VEHICLE** **YES** ☐ **NO** ☒
REGISTERED OWNER INFO. **CHERYL DARLING 19811 WHITEHORSE PL GRANITE FALLS WA 98252**
LIABILITY INSURANCE IN EFFECT ☒ **INSURANCE CO & POLICY #** **COUNTRY FINANCIAL A46A4653859**
VEHICLE LEGALLY STANDING **YES** ☒ **NO** ☐ **CITATION #** ☐ **CHARGE** ☐

SHADE IN DAMAGED AREA


UNIT # ☐ **MOTOR VEHICLE** ☐ **PEDAL-CYCLE** ☐ **PEDESTRIAN** ☐ **PROPERTY OWNER** ☐ **DAMAGE THRESHOLD MET** **YES** ☐ **NO** ☐ **PHONE** ☐
LAST NAME ☐ **FIRST NAME** ☐ **MIDDLE INITIAL** ☐
STREET NEW ADDRESS ☐
CITY ☐ **ST** ☐ **ZIP** ☐
CDL ☐ **RESTRICTIONS** ☐ **ENDORSEMENTS** ☐
DRIVER'S LICENSE # ☐ **STATE** ☐ **SEX** ☐ **D.O.B.** **MMDDYYYY** ☐ - ☐ - ☐
ON DUTY ☐ **STATUS** ☐ **AIRBAG** ☐ **RESTR.** ☐ **EJECT** ☐ **HELMET USE** ☐ **INJURY CLASS** ☐ **NATURE OF INJURIES** ☐
LICENSE PLATE # ☐ **STATE** ☐ **VIN#** ☐
TRAILER PLATE # ☐ **STATE** ☐ **TRAILER PLATE #** ☐ **STATE** ☐
VEH. YEAR ☐ **MAKE** ☐ **MODEL** ☐ **STYLE** ☐ **VEHICLE TOWED** **YES** ☐ **NO** ☐ **TOWED BY** ☐ **GOVT. VEHICLE** **YES** ☐ **NO** ☐
REGISTERED OWNER INFO.
LIABILITY INSURANCE IN EFFECT ☐ **INSURANCE CO & POLICY #** ☐
VEHICLE LEGALLY STANDING **YES** ☐ **NO** ☐ **CITATION #** ☐ **CHARGE** ☐

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

K. PARNELL
10-01-16 07:22 AM

INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET

DATED: PLACE SIGNED

BADGE OR ID # **0135** **ORI #** **WA0311900** **APPROVED BY** **CHRISTENSEN** **DATE** **10/1/2016** **PAGE** **3** **OF** **4**

REPORT NO. E590620

CASE # 2016-00019102

DATE AND TIME
OF COLLISION 09/25/16 17:14

